

Ghana poverty reduction strategy



Itinerant trading has been the major mode of economic survival for the people of West Africa even before colonization (Anarfi, John et. al. 1997, page 226). This economic practice of migratory trading and the lack of population movement restrictions, according to Anarfi and colleagues, have placed these people especially women to more health hazards like malaria (Prothero, R. M. 1977 in Anarfi et. al. 1997). Anarfi also stressed that the mobility of the people of Ghana made them both as hosts and vectors of HIV/AIDS (page 227).

The alarming growth of AIDS and HIV cases in Africa with two-thirds of the total global statistics, the governments of countries and the United Nations have worked together to find the best possible means of combating the disease (UN Population Institute 2001 and UNAIDS 2001). With the ratification of the Millennium Development Goals (MDGs), the United Nations and the governments of African countries have shown serious commitment in their fight against the continuing high prevalence rate of the disease.

In line with this, HIV/AIDS test has been a requirement for Africans who desire to travel to the United States and Canada (citation need). Locally, Ghana Poverty Reduction Strategy (GPRS) was empowered by the government to fight against the disease (Republic of Ghana 2005). Ghana AIDS Commission (GAC) was also organized by the local government to assist in finding a solution to the wide spread of the disease in the country.

In all the efforts to combat diseases, mobile populations are seen as a vulnerable group exposed to all kinds of infections and a vector in the rapid

spread of diseases (Crush et al, 2006). Socio-economic conditions place the people of Ghana at a high risk of HIV/AIDS transmission.

Studies and surveys have shown that 75-80% of the mode of transmission of HIV/AIDS is through heterosexual practice (Akwara, 2005; USAID, 2005). The situation has exacerbated with the increasing human mobility within Ghana and across the borders partly because of improved transportation systems and wider social networks, which has influenced the spread of diseases, especially HIV/AIDS.

Researchers have found a significant pattern in the spread of the HIV in the North and the country as a whole. Agyei-Mensah (2001) indicates that in the early nineteen eighties when the disease (HIV/AIDS) was first discovered, all cases of HIV in Ghana were found in the southern part of the country (Agyei-Mensah, (page no.)).

Ghana's Ministry of Health (MOH) reported that the prevalence rate of HIV in certain parts of the Northern sector in 1997 showed a significant increase in HIV cases. The Ministry further reported that the northern region had 14. 4% of the total number of cases reported in the country and ranked sixth among the ten regions.

The upper East reported 12. 5% of the total number of cases in 1998's ranking and was thus the fourth most highly ranked region for such cases in the country (MOH 1997; 1999). In 2006 the Upper East Regional Ghana Health Service (UERGHS 2006), presented the first regional HIV report spanning from 1989 to 1999 and reported 2015 positive HIV cases. UERGHS reported that within seven years the number had more than doubled to 5366

cases where Bolgatanga has the highest incidence of HIV since 2002 (UERGHS 2006, page no).

In 2005 Bawku was identified as ‘ being in the red’[1]. While statistics show a reduction of HIV cases in areas with the highest HIV prevalence, in Bawku the number of HIV cases had doubled in eleven years (citation needed here).

In 2005, Bawku ranked fourth among the countries which have the highest HIV/AIDS prevalence rate after Koforidua, Agormaya and Sunyani (citation needed). This means that the HIV infection rate in the area has become of great concern to local government authorities and to all stakeholders in the Health sector as well as natives of the area.

These alarming figures urge all health authorities and citizens of the area to study the causes of the high prevalence of the disease (HIV/AIDS). This motivated this writer to conduct a study on the relationship between the sexual behavior of seasonal migrants and how it could influence the spread of HIV in Bawku.

The results of this study can draw underlying factors and also disclose whether seasonal labor migrants have a role to play in increasing the prevalence of the disease or whether there are other factors which need to be investigated.

RELEVANCE OF THE RESEARCH

The findings of the research will be complementary to existing knowledge on the spread of HIV/AIDS, especially in less developed countries where internal migration is high. It also may provide the substantiation to support or

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contradict the argument that migrants are more vulnerable to disease or whether it is possible to distinguish particular migrant communities which are at a greater risk.

Moreover, it could serve to help policy makers and health experts to improve their campaigns and methods of education pertaining to the disease as it affects target populations. If the variable on people's knowledge of the disease has a low percentage, specific educational campaigns can be designed to increase people's knowledge especially in neglected areas.

The latter is so important that this writer have scaled knowledge levels to identify strengths and weaknesses of migrants on various aspects of the disease. On the other hand if it is proven that there are adequate levels of knowledge but risky sexual behaviour, the study could enable policy makers to design programs targeted at transferring knowledge into safer behaviours.

This writer aims to inform interested governmental and non-governmental organizations in order to get my findings published and thus give people access to my investigation and findings. Furthermore, through group discussions and interviews the respondents have the possibility to share knowledge and thus obtain a better insight on the nature of the disease.

The results of such a study have the potential to informally educate those who have no idea on the mode of transmission, the preventive measures, the symptoms or the methods of curative care of the disease and by informing such uninformed parties, this study can help to create awareness. In the end the population to benefit from this research is potentially cross sectional

CHAPTER 1

1. THEORETICAL FRAMEWORK ON MIGRATION AND HIV/AIDS

1. 1. VULNERABILITY OF MIGRANTS

UNESCO and UNAIDS (2000) found two main reasons for the vulnerability of migrants to the spread of disease: the mobility of migrants and their marginalized, unstable working conditions. Because migrants have different residences, it is difficult to reach them and give them information about the dangers of HIV and to inform them about treatment possibilities.

Infected migrants suffer a lot from discrimination and marginalization because of their ethnic backgrounds and their socio-economic condition.

Anarfi and Kwakye (2003) identified inter-personal contact, “ physical stress and psychological stress” as a cause of the health hazards of migrants.

People are exposed to many health hazards through population movement.

The spread of diseases can be accelerated through massive migration (Anarfi and Kwakye 2003). Migrants are amongst the most vulnerable groups who stand the risk of contracting or spreading diseases because of their insecure lifestyles characterized by risky behavior. Lack of knowledge of a new environment and insecure living conditions make migrants prone to various health risks (Anarfi et al. 1997).

Other researchers indicate that there is a significant relationship between the activities of migrants and the spread of diseases. Loewenson (1988), for example, states that the transmission of parasitic and other communicable diseases in Ethiopia has been through the movement of migrants for

employment whereas the reappearance of malaria is due to the employment of Mozambicans on sugar plantations in Swaziland. Another example is provided by Watt (1987) who found a link between population movement and the spread of guinea worm in Nigeria. Prothero (1996) has reported a significant interaction between diseases and population movement in West Africa.

There has been a shift of attention in the past decade from the general spread of diseases to a more specific focus on the spread of HIV/AIDS. This is because of the severe dangers associated with the disease especially the complexities in its management and cure. Lovgren (2001) asserts that there is a great contribution made by African military personnel in the spread of the disease through their deployment in different places.

He states that the HIV prevalence amongst the armies of the Democratic Republic of Congo (DR Congo) is as high as 50%. He highlights the fact that even if a soldier is not deployed abroad, he/she is often posted far away from his/her family or partner and therefore likely to meet other partners.

This shows that frequent mobility can make people susceptible to disease if practices of safe sexual behaviour are not adhered to. A separate investigation into the spread of the virus focused on Japan. It revealed that 33% of migrant workers of non-Japanese decent were identified as the second most infected group in Japan (JCIE 2004), which affirms the fact that migrants are a vulnerable group when it comes to the contraction of infectious diseases.

According to Anarfi (et al. 1997; Konotey-Ahulu, 1989), migrants account for almost 100% of the number of people who were first discovered with the virus in Ghana in the nineteen eighties (1980's). Also in Belgium, a high prevalence of AIDS in the 1980's was not primarily among homosexuals or drug users, rather prevalence was high among people of African origin and Europeans who had lived for extended periods in Africa (Bonneux, 1988).

Hunt (1996) points to high concentration of labor migrants as a predictor of the high HIV prevalence rate in certain African countries. In southern Africa the regular return of seasonal migrants has facilitated the rapid spread of HIV (Fage 1999). Webb (1997) argues that the social and geographical conditions of a new environment determine the level of risk that migrants are exposed to. Their mobility also reduces their ability to cope with health threats that they encounter. Migrants are more vulnerable than people who do not move. Their risk is not a direct result of their mobility but rather of the conditions and events related to the migration process (Decosas et al., 1995).

One major reason why the study of migration and HIV/AIDS is relevant is that understanding the relationship between mobility and HIV/AIDS can help to predict and prevent the spread of the virus elsewhere especially through the use of appropriate prevention strategies (Crush et al. 2006). Crush identified three main ways in which migrants are tied to the rapid spread and high prevalence of HIV/AIDS.

1. The high rate of infection among migrant communities is because of their marginalized condition which is characterized by lack of access to information and health care.
2. Migrants social networking makes room for sexual networking too.
3. Migrants are a difficult population to reach, whether for prevention-education, provision of logistics for prevention (provide condoms), testing or post- infection treatment.

Past research has established the relationship between migration and the spread of HIV/AIDS. These documents explain the migration process, the socio-economic hardships that have precipitated migration and how this has triggered and increased the spread of communicable diseases. At the inception of the disease a behavioral approach was used to explain common individual characteristics that influence the spread of the disease.

Parker and Mailman (2001) however combined the behavioral approach with the political economy model to explain that structure and power relations have played a role in the spread of HIV/AIDS.

In addition Gatrel (2002) has argued that there are a variety of approaches used to study and understand the spread of disease. It however varies largely from place to place. He identifies the positivist approach and the social interactionist approach which gives quantifiable and non-quantifiable aspects of the disease.

He further adds to the structuralist idea that the underlying causes of disease can be found in the social and economic environment in which one

finds oneself. Gatrell (2002) also used the complexity theory as an umbrella for a number of approaches that can capture the study of the spread of disease more widely.

The complexity theory stresses that the world is made up of “ complex structures and organizations of networks of various kinds including the social networks that link” people together. This is what he refers to as the so-called “ small world”.

Other models have been used to identify certain peculiar causes of HIV among a specific group of people. These include the sexual and behavioural models (Caldwell and Quinggin 1989), vulnerability theory (Oppong 1998), Political economy (Mayer 1996), migration theory (Hunt 1996) and diffusion (Wood 1988).

In addition to models and theories used to understand the spread of disease, it will be appropriate to include those factors and conditions that influence behaviour. This is important in identifying unique characteristics of certain geographical areas that influence the sexual behavioural of migrants. Risky sexual behaviour by migrants according to Brockerhoff and Biddlecom (1999) is attributed to three reasons.

“ Predisposing individual characteristics” which is mainly shaped by the migrant’s original environment and his socio economic background.”
Changes in individual attributes due to migration”. These changes could be caused by the migrant’s separation from his partner or an improved economic stature.

“ Exposure to a new environment with different sexual norms, opportunities and constrains” that result in the migrant adopting a different lifestyle to fit into that new environment. These factors and migrants experiences during the process of migrating have the tendency of changing migrant’s sexual behaviour.

The Health Behavioural Model (HBM) is another important model used by psychologist for understanding, explaining and predicting health behaviour through the study of individual beliefs and attitudes. This model assumes that an individual’s “ characteristics, prior experience and current surroundings” form his thoughts concerning the dangers of his/her behaviour which might influence behaviour change (Janz and Becker 1984).

The literature review on migration and the spread of HIV is very important in linking the migration process and the migrant’s exposure with the spread of disease. In this regard, this writer finds it appropriate to link findings to some of these models and theories being used to explain the spread of HIV.

Behavioural change theories and models will be used to understand the reasons why migrant’s behaviour might change with a change of environment and what its impact will be on the spread of HIV.

CHAPTER 2

2. METHODOLOGY

Since seasonal migrants are dominated by males, the target group of this paper consists of only males. Although there were also female migrants, they

are mostly found in the cities working as itinerant traders, petty traders, and household workers and bar attendants.

Couples migrate in case of long term working contracts and permanent stay.

Short term migration is the process where people migrate and live in the destination for a few weeks or months.

Long term or permanent migrants are people who migrate to a destination with the intension of staying there permanently but visit their hometowns once a while. In this research the target population has been migrants who travel to the south to engage in farm labour.

Though the target group was seasonal migrants with emphasis on short term migration, the distinction between short term and long term migration was difficult to make with the respondents. However a considerable number of the respondents can be considered ' short term seasonal migrants'[2].

Another point of concern is the sensitivity of the research topic, which makes it difficult for a male researcher to interact with females in a culture where discussions on sex are limited and only occur between married people, peers and friends.

In a well-known socio-economic environment a young male researcher can easily interact on various topics with peers especially when they all use the same language. Studying the situation of seasonal migrants in Bawku is interesting, because people from Bawku and the north as a whole claim to be tied to culture and religion.

Pre marital and extra marital sex is not permitted by culture and religion, sexual adventure is therefore limited and restricted. This is a major hindrance to the behaviour of the sexually active persons. Married and unmarried people find ways to circumvent these restrictions in order to satisfy their sexual pleasures.

In this chapter, I will reveal the central question of the research and the approach that was used to find answers to the central question. Fig. 2. 1 shows a map of Ghana while fig 2. 2 shows the number of villages and communities that make up the Bawku municipality. Out of these communities twelve were randomly chosen for the research.

[1] It has been flagged as an endemic area.[2] My definition of short term migration is one who stays away from home for not more than 3 months.